

Official Form 1 (4/07)

United States Bankruptcy Court Western District of Missouri				Voluntary Petition																					
Name of Debtor (if individual, enter Last, First, Middle): Lundy, Bradley Aaron			Name of Joint Debtor (Spouse) (Last, First, Middle): Lundy, Shiloh Marie																						
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): FKA Shiloh Marie Mace																						
Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all): xxx-xx-6805			Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all): xxx-xx-2049																						
Street Address of Debtor (No. and Street, City, and State): 724 Harmon Saint Joseph, MO <div style="text-align: right; font-size: small;">ZIP Code 64504</div>			Street Address of Joint Debtor (No. and Street, City, and State): 724 Harmon Saint Joseph, MO <div style="text-align: right; font-size: small;">ZIP Code 64504</div>																						
County of Residence or of the Principal Place of Business: Buchanan			County of Residence or of the Principal Place of Business: Buchanan																						
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>			Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>																						
Location of Principal Assets of Business Debtor (if different from street address above):																									
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																					
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																						
Statistical/Administrative Information *** G Addam Fera MO 51272 *** <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				THIS SPACE IS FOR COURT USE ONLY																					
Estimated Number of Creditors <table style="width: 100%; font-size: small;"> <tr> <td style="text-align: center;">1-49</td> <td style="text-align: center;">50-99</td> <td style="text-align: center;">100-199</td> <td style="text-align: center;">200-999</td> <td style="text-align: center;">1000-5,000</td> <td style="text-align: center;">5001-10,000</td> <td style="text-align: center;">10,001-25,000</td> <td style="text-align: center;">25,001-50,000</td> <td style="text-align: center;">100,001-100,000</td> <td style="text-align: center;">OVER 100,000</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>						1-49	50-99	100-199	200-999	1000-5,000	5001-10,000	10,001-25,000	25,001-50,000	100,001-100,000	OVER 100,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49	50-99	100-199	200-999			1000-5,000	5001-10,000	10,001-25,000	25,001-50,000	100,001-100,000	OVER 100,000														
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Estimated Assets <table style="width: 100%; font-size: small;"> <tr> <td style="text-align: center;"><input type="checkbox"/> \$0 to \$10,000</td> <td style="text-align: center;"><input checked="" type="checkbox"/> \$10,001 to \$100,000</td> <td style="text-align: center;"><input type="checkbox"/> \$100,001 to \$1 million</td> <td style="text-align: center;"><input type="checkbox"/> \$1,000,001 to \$100 million</td> <td style="text-align: center;"><input type="checkbox"/> More than \$100 million</td> </tr> </table>				<input type="checkbox"/> \$0 to \$10,000	<input checked="" type="checkbox"/> \$10,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																	
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Estimated Liabilities <table style="width: 100%; font-size: small;"> <tr> <td style="text-align: center;"><input type="checkbox"/> \$0 to \$50,000</td> <td style="text-align: center;"><input type="checkbox"/> \$50,001 to \$100,000</td> <td style="text-align: center;"><input checked="" type="checkbox"/> \$100,001 to \$1 million</td> <td style="text-align: center;"><input type="checkbox"/> \$1,000,001 to \$100 million</td> <td style="text-align: center;"><input type="checkbox"/> More than \$100 million</td> </tr> </table>				<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																	
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Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Lundy, Bradley Aaron**Lundy, Shiloh Marie****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

- None -

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ G Addam Fera MO**May 9, 2007**

Signature of Attorney for Debtor(s)

(Date)

G Addam Fera MO 51272**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Statement by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)_____
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Lundy, Bradley Aaron**Lundy, Shiloh Marie****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Bradley Aaron LundySignature of Debtor **Bradley Aaron Lundy****X /s/ Shiloh Marie Lundy**Signature of Joint Debtor **Shiloh Marie Lundy**

Telephone Number (If not represented by attorney)

May 9, 2007

Date

Signature of Attorney**X /s/ G Addam Fera MO**

Signature of Attorney for Debtor(s)

G Addam Fera MO 51272

Printed Name of Attorney for Debtor(s)

Costello, Davey & Fera, LLC

Firm Name

**7211 NW 83rd Street, Suite 220
Kansas City, MO 64152**

Address

Email: docket@cdf-law.com**816-505-4357 Fax: 816-505-4355**

Telephone Number

May 9, 2007

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court
Western District of Missouri

In re Bradley Aaron Lundy
Shiloh Marie Lundy

Debtor(s)

Case No.
Chapter

13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Bradley Aaron Lundy
Bradley Aaron Lundy

Date: May 9, 2007

Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court
Western District of Missouri

In re Bradley Aaron Lundy
Shiloh Marie Lundy

Debtor(s)

Case No.
Chapter

13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

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☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* _____

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Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Shiloh Marie Lundy
Shiloh Marie Lundy

Date: May 9, 2007

United States Bankruptcy Court
Western District of Missouri

In re **Bradley Aaron Lundy**
Shiloh Marie Lundy

Debtor(s)

Case No.

Chapter

13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>2,000.00</u>
Prior to the filing of this statement I have received.....	\$	<u>1,226.00</u>
Balance Due.....	\$	<u>774.00</u>

2. \$ **274.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]
Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **May 9, 2007**

/s/ G Addam Fera MO

G Addam Fera MO 51272
Costello, Davey & Fera, LLC
7211 NW 83rd Street, Suite 220
Kansas City, MO 64152
816-505-4357 Fax: 816-505-4355
docket@cdf-law.com

Case 07-50270-jwv13
Alliance Radiology PC
PO Box 804451
Kansas City MO 64180

Doc 1 Filed 05/09/07 Entered 05/09/07 16:56:16 Desc Main Document Page 9 of 79
Citifinancial Bankruptcy Dept
7467 New Ridge Rd
Hanover MD 21076

EMC Mortgage Corp
PO Box 660530
Dallas TX 75266

Buchanan County Collector
411 Jules St, Suite 123
Saint Joseph MO 64501-1788

Comprehensive Family Care Center
5325 Faraon
Saint Joseph MO 64506

EMC Mortgage Corp
909 Hidden Ridge Dr #200
ATTN Loss Mitigation
Irving TX 75038

Buchanan County District Clerk
411 Jules St, Suite 100
Saint Joseph MO 64501-1788

CREDIT WORLD
6000 MARTWAY
MISSION KS 66202

FIDELITY PROPERTIES IN
220 E MAIN ST
ALLIANCE OH 44601

Capital One Bank
PO Box 26074
Richmond VA 23260

Creditors Interchange
80 Holtz Dr
Buffalo NY 14225

FIRST TENN BANK MEMPHIS
PO BOX 132
MEMPHIS TN 38101

Caroline A Stewart
PO Box 503
Elwood KS 66024

David R Schimtt
106 S 7th Street Ste 500
Saint Joseph MO 64501

FIRSTCREDIT
3250 W MARKET SUITE 304
AKRON OH 44333

Chase
800 Brooksedge Blvd
Westerville OH 43081

David R Schmitt
106 South 7th St, Suite 500
Saint Joseph MO 64501

GEMB/JC PENNEY DC
PO BOX 981400
EL PASO TX 79998

Chase Bank One
PO Box 94014
Palatine IL 60094

Dept of Education
Office Post Sec Ed Reg IX
50 United Nations Plaza RM 242
San Francisco CA 94102-4987

GRDN/CBSD
PO BOX 6003
HAGERSTOWN MD 21747

Childrens Mercy Hospital
PO Box 804435
Kansas City MO 64180

Dept of Education ACS
Direct Student Loans
501 Bleecker St East
Utica NY 13501

Heartland Anesthesia
5325 Faraon St
Saint Joseph MO 64506

Citifinancial
PO Box 6931
The Lakes NV 88901

Dept of Education OGC
Div of Post Secondary Education
400 Maryland Ave SW RM 6E118
Washington DC 20202-2110

Heartland Health
5325 Faraon St
Saint Joseph MO 64506

CITIFINANCIAL
PO BOX 499
HANOVER MD 21076

DS FINANCE
510 NORTH BELT HWY
SAINT JOSEPH MO 64506

Heartland Regional Medical Center
137 N Belt Hwy
Saint Joseph MO 64506

Case 07-50270-jwy13
Heartland Regional Medical Center
5325 Faraon
Saint Joseph MO 64506

Doc 1 Filed 05/09/07 Entered 05/09/07 16:56:16 Desc Main Document Page 10 of 79
Medical Group
5325 Faraon
Saint Joseph MO 64506

NW FINANCIAL
5514 CORPORATE DRI SUITE 140
SAINT JOSEPH MO 64507

Heartland Urgent Care
1301 S Belt Hwy
Saint Joseph MO 64507

Midwest Orthopedics PA
address
city ST zip

OPTIMA RECOVERY SERVIC
6215 KINGSTON PK STE A
KNOXVILLE TN 37919

Heartland Womens Health
2790 Clay Edwards Dr, Ste 530
North Kansas City MO 64116-3266

Midwestern Health Management Inc
dba Northwest Financial Services
PO Box 285
Saint Joseph MO 64502

OSI COLLECT
1375 E WOODFIELD #110
SCHAUMBURG IL 60173

HSBC/Yamaha
90 Christina Rd
New Castle DE 19720

MO Dept of Revenue
PO Box 475
Jefferson City MO 65105-0475

Progressive Insurance
Bankruptcy Dept
6300 Wilson Mills Road
Mayfield Village OH 44143

Irwin J Frankel
Kramer & Frank PC
9300 Dielman Ind Dr, Ste 100
Saint Louis MO 63132-2205

NCO FINANCIAL SVCS
PO BOX 41466
PHILADELPHIA PA 19101

Radiology Specialists of St Joseph
PO Box 6456
Saint Joseph MO 64506

KANSAS COUNSELORS
PO BOX 14765
SHAWNEE MISSION KS 66285

Northwest Financial Services
PO Box 285
Saint Joseph MO 64502

Sallie Mae
PO Box 9500
Wilkes Barre PA 18773

Katherine McDowell
MO Family Support Payment Center
PO Box 109002
Jefferson City MO 65110-9002

Northwest Health Services
2303 Village Dr
Saint Joseph MO 64506

Sallie Mae
Attn BR Litigation Unit E3149
PO Box 6180
Indianapolis IN 46206

KAY JEWELERS
375 GHENT RD
AKRON OH 44333

Northwest Health Services
3110 Kaenes Rd
Saint Joseph MO 64506

SEARS/CBSD
PO BOX 6189
SIOUX FALLS SD 57117

Lakeside Pediatrics
902 N Riverside Rd
Saint Joseph MO 64507

Northwest Health Services Inc
PO Box 8612
Saint Joseph MO 64508-8612

Shawnee Mission Emergency Phys
PO Box 931376
Kansas City MO 64193-1376

LDC COLLECT
POB 104600
JEFFERSON CITY MO 65110

Northwest MO Emergency Physicians
PO Box 667
Saint Joseph MO 64502

Shawnee Mission Medical Ctr
9100 West 74th St
Shawnee Mission KS 66204

SUPERIOR MGT
PO BOX 4339
FORT WALTON BE FL 32549

T Mobile USA Inc
Bankruptcy Dept
PO Box 53410
Bellevue WA 98015

Toyota Motor Credit Corp
PO Box 2730 Mail Stop WF22
Torrance CA 90509

Truman Medical Center
7900 Lees Summit Rd
Lees Summit MO 64139

Union Hospital
address
city ST zip

United Imaging Consultants LLC
5800 Foxridge Dr #240
Mission KS 66202

US Attorney MO
Room 5510 US Courthouse
400 East 9th St
Kansas City MO 64106

USB Trustee for BHEA Inc
% Sallie Mae Inc
220 Lasley Ave
Wilkes Barre PA 18706

VERIZON WIRELESS
1515 WOODFIELD RD STE140
SCHAUMBURG IL 60173

United States Bankruptcy Court
Western District of Missouri

In re Bradley Aaron Lundy
Shiloh Marie Lundy Debtor(s)

Case No. _____
Chapter **13**

VERIFICATION OF MAILING MATRIX

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date: May 9, 2007

/s/ Bradley Aaron Lundy
Bradley Aaron Lundy
 Signature of Debtor

Date: May 9, 2007

/s/ Shiloh Marie Lundy
Shiloh Marie Lundy
 Signature of Debtor

United States Bankruptcy Court
Western District of Missouri

In re **Bradley Aaron Lundy,**
Shiloh Marie Lundy

Debtors

Case No. _____

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	69,000.00		
B - Personal Property	Yes	4	25,531.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	2		97,173.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		2,450.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	31		99,715.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			3,388.49
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,814.00
Total Number of Sheets of ALL Schedules		49			
Total Assets			94,531.00		
Total Liabilities				199,338.00	

United States Bankruptcy Court
Western District of Missouri

In re **Bradley Aaron Lundy,**
Shiloh Marie Lundy

Debtors

Case No. _____

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	2,450.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	0.00
Student Loan Obligations (from Schedule F)	5,387.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	7,837.00

State the following:

Average Income (from Schedule I, Line 16)	3,388.49
Average Expenses (from Schedule J, Line 18)	2,814.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	3,310.03

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		14,208.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	2,450.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		99,715.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		113,923.00

Form B6A
(10/05)

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE A. REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Residence: 724 Harmon, Saint Josph MO 64504	Joint tenant	J	69,000.00	62,315.00

Sub-Total > **69,000.00** (Total of this page)

Total > **69,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash	J	1.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		North American Savings Bank, checking Acct# xxxxxx8322	J	0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Beds	J	200.00
		Dressers	J	150.00
		Linens	J	25.00
		TV	J	50.00
		Telephone/ Answering Machine	J	25.00
		Stove	J	100.00
		Refrigerator	J	100.00
		Microwave	J	20.00
		Small Appliances	J	10.00
		Pots/Pans/Dishes	J	35.00
		Silverware	J	25.00
		Sofa	J	50.00
		Chair	J	25.00

Sub-Total > **816.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

Form B6B
(10/05)

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Kitchen Tables	J	20.00
		Entertainment Center	J	10.00
		Washer/Dryer	J	300.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing	J	1,000.00
7. Furs and jewelry.		Wedding Rings	J	600.00
		Necklace, Earrings	J	25.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term Life policy, through employer \$10,000 term	W	0.00
		Term Life policy, through Shiloh's employer \$5,000 term	H	0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		IRA, w/ Potter Financial	J	1,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

Sub-Total > **2,955.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

Form B6B
(10/05)

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.		Child Support, \$250.00 monthly paid by John Obermeier	H	250.00
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Back Child Support claim, owed by John Obermeier	W	860.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1997 Ford F150 pickup truck VIN# 1FTD1824VKC30616	J	6,950.00

Sub-Total > **8,060.00**
(Total of this page)

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

Form B6B
(10/05)

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		1981 Chevrolet Custom 1 ton truck VIN# 1GCHK34W8BB117927	J	1,200.00
		2005 Yamaha Bruin 4Wheeler	J	4,000.00
		1998 Ford Expedition VIN# 1FMRU18WXWLA51907	J	8,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		Pets, Dogs 2	J	0.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **13,700.00**
(Total of this page)
Total > **25,531.00**

(Report also on Summary of Schedules)

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

Form B6C
(4/07)

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE C. PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- ☐ 11 U.S.C. §522(b)(2)
☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Real Property</u>			
Residence: 724 Harmon, Saint Josph MO 64504	RSMo § 513.475	15,000.00	69,000.00
<u>Cash on Hand</u>			
Cash	RSMo § 513.430.1(3)	1.00	1.00
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
North American Savings Bank, checking Acct# xxxxxx8322	RSMo § 513.430.1(3)	0.00	0.00
<u>Household Goods and Furnishings</u>			
Beds	RSMo § 513.430.1(1)	200.00	200.00
Dressers	RSMo § 513.430.1(1)	150.00	150.00
Linens	RSMo § 513.430.1(1)	25.00	25.00
TV	RSMo § 513.430.1(1)	50.00	50.00
Telephone/ Answering Machine	RSMo § 513.430.1(1)	25.00	25.00
Stove	RSMo § 513.430.1(1)	100.00	100.00
Refrigerator	RSMo § 513.430.1(1)	100.00	100.00
Microwave	RSMo § 513.430.1(1)	20.00	20.00
Small Appliances	RSMo § 513.430.1(1)	10.00	10.00
Pots/Pans/Dishes	RSMo § 513.430.1(1)	35.00	35.00
Silverware	RSMo § 513.430.1(1)	25.00	25.00
Sofa	RSMo § 513.430.1(1)	50.00	50.00
Chair	RSMo § 513.430.1(1)	25.00	25.00
Kitchen Tables	RSMo § 513.430.1(1)	20.00	20.00
Entertainment Center	RSMo § 513.430.1(1)	10.00	10.00
Washer/Dryer	RSMo § 513.430.1(1)	300.00	300.00
<u>Wearing Apparel</u>			
Clothing	RSMo § 513.430.1(1)	1,000.00	1,000.00
<u>Furs and Jewelry</u>			
Wedding Rings	RSMo § 513.430.1(2)	600.00	600.00

Form B6C
(4/07)

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE C. PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Necklace, Earrings	RSMo § 513.430.1(2)	25.00	25.00
<u>Interests in Insurance Policies</u>			
Term Life policy, through employer \$10,000 term	RSMo § 513.430.1(7)	100%	0.00
Term Life policy, through Shiloh's employer \$5,000 term	RSMo § 513.430.1(7)	100%	0.00
<u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u>			
IRA, w/ Potter Financial	RSMo § 513.430.1(10)(f)	100%	1,000.00
<u>Alimony, Maintenance, Support, and Property Settlements</u>			
Child Support, \$250.00 monthly paid by John Obermeier	RSMo § 513.430.1(10)(d)	250.00	250.00
<u>Other Contingent and Unliquidated Claims of Every Nature</u>			
Back Child Support claim, owed by John Obermeier	RSMo § 513.427	100%	860.00

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor" ,include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 6072584646136531			11/28/2006					
Citifinancial PO Box 6931 The Lakes, NV 88901		J	Purchase Money Security 1997 Ford F150 pickup truck VIN# 1FTD1824VKC30616					
			Value \$ 6,950.00				10,093.00	3,143.00
Account No.			Citifinancial Bankruptcy Dept 7467 New Ridge Rd Hanover, MD 21076					
Representing: Citifinancial			Value \$					
Account No. 6072584646136366			11/25/2006					
Citifinancial PO Box 6931 The Lakes, NV 88901		J	Purchase Money Security 1981 Chevrolet Custom 1 ton truck VIN# 1GCHK34W8BB117927					
			Value \$ 1,200.00				7,833.00	6,633.00
Account No. 4059			Opened 12/01/06					
DS FINANCE 510 NORTH BELT HWY SAINT JOSEPH, MO 64506		J	Purchase Money Security 1998 Ford Expedition VIN# 1FMRU18WXWLA51907					
			Value \$ 8,500.00				12,543.00	4,043.00
Subtotal (Total of this page)							30,469.00	13,819.00

1 continuation sheets attached

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. 5890010386712	J	2/28/2005					
EMC Mortgage Corp PO Box 660530 Dallas, TX 75266		First Mortgage Residence: 724 Harmon, Saint Josphe MO 64504					
		Value \$ 69,000.00				49,190.00	0.00
Account No.	J	EMC Mortgage Corp 909 Hidden Ridge Dr #200 ATTN Loss Mitigation Irving, TX 75038					
Representing: EMC Mortgage Corp							
		Value \$					
Account No. 4458370396244416	W	3/03/2005					
FIRST TENN BANK MEMPHIS PO BOX 132 MEMPHIS, TN 38101		HomeEquityLineOfCredit Residence: 724 Harmon, Saint Josphe MO 64504					
		Value \$ 69,000.00				13,125.00	0.00
Account No. 176641100376820	W	3/14/2005					
HSBC/Yamaha 90 Christina Rd New Castle, DE 19720		Purchase Money Security 2005 Yamaha Bruin 4Wheeler					
		Value \$ 4,000.00				4,389.00	389.00
Account No.							
		Value \$					

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

Subtotal
(Total of this page)

66,704.00 **389.00**

Total
(Report on Summary of Schedules)

97,173.00 **14,208.00**

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)**☒ Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trust or the order for relief. 11 U.S.C. § 507(a)(3).

☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered provided. 11 U.S.C. § 507(a)(7).

☒ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Official Form 6E (4/07) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Domestic Support Obligations

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	D I S P U T E D	U N L I Q U I D A T E D	C O N T I N G E N T	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			11/2004					
Katherine McDowell MO Family Support Payment Center PO Box 109002 Jefferson City, MO 65110-9002		H	Child Support- Arrearage \$0.00					0.00
							0.00	0.00
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal								0.00
(Total of this page)							0.00	0.00

Sheet **1** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Official Form 6E (4/07) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			2006					
Buchanan County Collector 411 Jules St, Suite 123 Saint Joseph, MO 64501-1788		J	Real Estate Taxes					0.00
							600.00	600.00
Account No.			2006					
Buchanan County Collector 411 Jules St, Suite 123 Saint Joseph, MO 64501-1788		J	Personal Property Tax					0.00
							550.00	550.00
Account No.			2007					
MO Dept of Revenue PO Box 475 Jefferson City, MO 65105-0475		J	Sales Tax on Expedition					0.00
							1,300.00	1,300.00
Account No.								
Account No.								
Subtotal								0.00
(Total of this page)							2,450.00	2,450.00
Total								0.00
(Report on Summary of Schedules)							2,450.00	2,450.00

Sheet **2** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 5291-1524-2056-5406 Capital One Bank PO Box 26074 Richmond, VA 23260		W	7/21/2001 Civil Suit 07BU-CV00462 Credit Card			7,713.00
Account No. Representing: Capital One Bank			Irwin J Frankel Kramer & Frank PC 9300 Dielman Ind Dr, Ste 100 Saint Louis, MO 63132-2205			
Account No. Caroline A Stewart PO Box 503 Elwood, KS 66024		H	12/02/2004 Ex-spouse			0.00
Account No. 4266-8410-1313-2301 Chase Bank One PO Box 94014 Palatine, IL 60094		W	6/22/2004 Credit Card			4,492.00
Subtotal (Total of this page)						12,205.00

30 continuation sheets attached

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Representing: Chase Bank One		Chase 800 Brookside Blvd Westerville, OH 43081				
Account No. Representing: Chase Bank One		Creditors Interchange 80 Holtz Dr Buffalo, NY 14225				
Account No. 155246523 Childrens Mercy Hospital PO Box 804435 Kansas City, MO 64180	H	xx/xxxx Medical bills				7,013.00
Account No. 154801252 Childrens Mercy Hospital PO Box 804435 Kansas City, MO 64180	H	xx/xxxx Medical bills				35.00
Account No. 6072584646136531 CITIFINANCIAL PO BOX 499 HANOVER, MD 21076	J	Opened 11/28/06 Last Active 2/28/07 Unsecured				10,093.00
Sheet no. <u>1</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 17,141.00

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 6072584646136366	J	Opened 11/25/06 Last Active 2/28/07 Unsecured				7,833.00
CITIFINANCIAL PO BOX 499 HANOVER, MD 21076						
Account No.	H	xx/xxxx Medical bills				64.00
Comprehensive Family Care Center 5325 Faraon Saint Joseph, MO 64506						
Account No.		David R Schimtt 106 S 7th Street Ste 500 Saint Joseph, MO 64501				
Representing: Comprehensive Family Care Center						
Account No.		Northwest Financial Services PO Box 285 Saint Joseph, MO 64502				
Representing: Comprehensive Family Care Center						
Account No. 7010360000790350	H	Opened 11/01/03 Last Active 5/01/05 Collections TRUMAN MED CTR LAKEWOOD				264.00
CREDIT WORLD 6000 MARTWAY MISSION, KS 66202						
Sheet no. 2 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			8,161.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Truman Medical Center 7900 Lees Summit Rd Lees Summit, MO 64139				
Representing: CREDIT WORLD							
Account No. 2250460000864758			Opened 6/01/04 Last Active 5/01/05 Collections UNITED IMAGING OMC				129.00
CREDIT WORLD 6000 MARTWAY MISSION, KS 66202		H					
Account No.			United Imaging Consultants LLC 5800 Foxridge Dr #240 Mission, KS 66202				
Representing: CREDIT WORLD							
Account No. 1646310			Opened 3/31/06 Last Active 12/01/06 Medical Collection UNION HOSPITAL #				433.00
FIDELITY PROPERTIES IN 220 E MAIN ST ALLIANCE, OH 44601		H					
Account No.			Union Hospital address city ST zip				
Representing: FIDELITY PROPERTIES IN							
Sheet no. 3 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			562.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 7709104	H	Opened 7/01/03 Last Active 2/01/06 Medical Collection UNION HOSPITAL				433.00
FIRSTCREDIT 3250 W MARKET SUITE 304 AKRON, OH 44333						
Account No.		Union Hospital address city ST zip				
Representing: FIRSTCREDIT						
Account No. 546680112062	W	Opened 1/24/05 CreditCard				0.00
GEMB/JC PENNEY DC PO BOX 981400 EL PASO, TX 79998						
Account No. 603525300758	W	Opened 11/01/97 Last Active 8/01/00 CombinedCreditPlan				0.00
GRDN/CBSD PO BOX 6003 HAGERSTOWN, MD 21747						
Account No. Multi Accts	J	xx/xxxx Medical bills Acct# 6800725, 68597319, 68600733				185.00
Heartland Health 5325 Faraon St Saint Joseph, MO 64506						
Sheet no. 4 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			618.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Multi Accts			xx/xxxx				
Heartland Regional Medical Center 137 N Belt Hwy Saint Joseph, MO 64506		J	Medical bills Acct# 71375489, 68377480, 68377506, 68393164, 68620699				3,865.00
Account No.			David R Schimtt 106 S 7th Street Ste 500 Saint Joseph, MO 64501				
Representing: Heartland Regional Medical Center							
Account No.			Northwest Financial Services PO Box 285 Saint Joseph, MO 64502				
Representing: Heartland Regional Medical Center							
Account No. xxxxxxx			xx/xxxx				
Heartland Urgent Care 1301 S Belt Hwy Saint Joseph, MO 64507		W	Medical bills				13.00
Account No.			David R Schimtt 106 S 7th Street Ste 500 Saint Joseph, MO 64501				
Representing: Heartland Urgent Care							
Sheet no. 5 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							3,878.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Representing: Heartland Urgent Care						
		Northwest Financial Services PO Box 285 Saint Joseph, MO 64502				
Account No. 1373133638450 KANSAS COUNSELORS PO BOX 14765 SHAWNEE MISSION, KS 66285		H				12,597.00
Account No. Representing: KANSAS COUNSELORS						
		Shawnee Mission Medical Ctr 9100 West 74th St Shawnee Mission, KS 66204				
Account No. 1373133638444 KANSAS COUNSELORS PO BOX 14765 SHAWNEE MISSION, KS 66285		H				1,381.00
Account No. Representing: KANSAS COUNSELORS						
		Shawnee Mission Medical Ctr 9100 West 74th St Shawnee Mission, KS 66204				
Sheet no. <u>6</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						13,978.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 1373133548075	H	Opened 1/16/04 Last Active 2/01/07 Medical Collection SHAWNEE MSN MEDICAL CTR				1,372.00
KANSAS COUNSELORS PO BOX 14765 SHAWNEE MISSION, KS 66285						
Account No.		Shawnee Mission Medical Ctr 9100 West 74th St Shawnee Mission, KS 66204				
Representing: KANSAS COUNSELORS						
Account No. 1373133638447	H	Opened 6/18/04 Last Active 2/01/07 Medical Collection SHAWNEE MSN MEDICAL CTR				978.00
KANSAS COUNSELORS PO BOX 14765 SHAWNEE MISSION, KS 66285						
Account No.		Shawnee Mission Medical Ctr 9100 West 74th St Shawnee Mission, KS 66204				
Representing: KANSAS COUNSELORS						
Account No. 1373133676526	H	Opened 8/02/04 Last Active 2/01/07 Medical Collection MIDWEST ORTHOPEDICS PA				749.00
KANSAS COUNSELORS PO BOX 14765 SHAWNEE MISSION, KS 66285						
Sheet no. 7 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			3,099.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Representing: KANSAS COUNSELORS		Midwest Orthopedics PA address city ST zip					
Account No. 1373133638448 KANSAS COUNSELORS PO BOX 14765 SHAWNEE MISSION, KS 66285	H	Opened 6/18/04 Last Active 2/01/07 Medical Collection SHAWNEE MSN MEDICAL CTR				354.00	
Account No. Representing: KANSAS COUNSELORS		Shawnee Mission Medical Ctr 9100 West 74th St Shawnee Mission, KS 66204					
Account No. 1373133652304 KANSAS COUNSELORS PO BOX 14765 SHAWNEE MISSION, KS 66285	H	Opened 7/14/04 Last Active 2/01/07 Medical Collection SMMC EMERGENCY PHYSICIANS				169.00	
Account No. Representing: KANSAS COUNSELORS		Shawnee Mission Emergency Physician PO Box 931376 Kansas City, MO 64193-1376					
Sheet no. 8 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 523.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1373133652742		H	Opened 7/14/04 Last Active 2/01/07 Medical Collection SMMC EMERGENCY PHYSICIANS				169.00
KANSAS COUNSELORS PO BOX 14765 SHAWNEE MISSION, KS 66285							
Account No.			Shawnee Mission Emergency Physician PO Box 931376 Kansas City, MO 64193-1376				
Representing: KANSAS COUNSELORS							
Account No. 1373133838501		H	Opened 4/14/05 Last Active 2/01/07 Medical Collection SMMC EMERGENCY PHYSICIANS				169.00
KANSAS COUNSELORS PO BOX 14765 SHAWNEE MISSION, KS 66285							
Account No.			Shawnee Mission Emergency Physician PO Box 931376 Kansas City, MO 64193-1376				
Representing: KANSAS COUNSELORS							
Account No. 1373133600313		H	Opened 4/08/04 Last Active 2/01/07 Medical Collection SMMC EMERGENCY PHYSICIANS				169.00
KANSAS COUNSELORS PO BOX 14765 SHAWNEE MISSION, KS 66285							
Sheet no. 9 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			507.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Representing: KANSAS COUNSELORS						
Account No. 3033955822						
KAY JEWELERS 375 GHENT RD AKRON, OH 44333		W				
						94.00
Account No. Multi Accts						
Lakeside Pediatrics 902 N Riverside Rd Saint Joseph, MO 64507		J				
						399.00
Account No.						
Representing: Lakeside Pediatrics						
Account No.						
Representing: Lakeside Pediatrics						
Sheet no. 10 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						493.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 501003538		H	Opened 8/01/01 Last Active 1/01/07 Collections CIRCUIT COURT OF BUCHANAN COUNTY				343.00
LDC COLLECT POB 104600 JEFFERSON CITY, MO 65110							
Account No.			Buchanan County District Clerk 411 Jules St, Suite 100 Saint Joseph, MO 64501-1788				
Representing: LDC COLLECT							
Account No. Multi Accts		H	xx/xxxx Medical bills Acct# 22832604, 10666220, 22531388, 22701999				476.00
Medical Group 5325 Faron Saint Joseph, MO 64506							
Account No.			David R Schimtt 106 S 7th Street Ste 500 Saint Joseph, MO 64501				
Representing: Medical Group							
Account No.			Northwest Financial Services PO Box 285 Saint Joseph, MO 64502				
Representing: Medical Group							
Sheet no. <u>11</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			819.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 43315	J	2/20/2007				2,622.00
Midwestern Health Management Inc dba Northwest Financial Services PO Box 285 Saint Joseph, MO 64502		Civil Suit 07BU-CV00649 Medical bills				
Account No.		Comprehensive Family Care Center 5325 Faraon Saint Joseph, MO 64506				
Representing: Midwestern Health Management Inc						
Account No.		David R Schimtt 106 S 7th Street Ste 500 Saint Joseph, MO 64501				
Representing: Midwestern Health Management Inc						
Account No.		Heartland Regional Medical Center 5325 Faraon Saint Joseph, MO 64506				
Representing: Midwestern Health Management Inc						
Account No.		Heartland Urgent Care 1301 S Belt Hwy Saint Joseph, MO 64507				
Representing: Midwestern Health Management Inc						
Sheet no. 12 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						2,622.00
Subtotal (Total of this page)						2,622.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Representing: Midwestern Health Management Inc		Lakeside Pediatrics 902 N Riverside Rd Saint Joseph, MO 64507				
Account No.						
Representing: Midwestern Health Management Inc		Northwest Health Services 3110 Kaenes Rd Saint Joseph, MO 64506				
Account No. xxBU-CVx0567						
Midwestern Health Management Inc dba Northwest Financial Services PO Box 285 Saint Joseph, MO 64502	X	2/13/2007 Civil Suit 07BU-CV00567 Medical bills				4,969.00
Account No.						
Representing: Midwestern Health Management Inc		David R Schmitt 106 South 7th St, Suite 500 Saint Joseph, MO 64501				
Account No. 667281396						
NCO FINANCIAL SVCS PO BOX 41466 PHILADELPHIA, PA 19101	W	Opened 4/09/06 Collection PROGRESSIVE INS CO				148.00
Sheet no. 13 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						5,117.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Progressive Insurance Bankruptcy Dept 6300 Wilson Mills Road Mayfield Village, OH 44143				
Representing: NCO FINANCIAL SVCS						
Account No. 43315		xx/xxxx Medical Collections				
Northwest Financial Services PO Box 285 Saint Joseph, MO 64502	J					306.00
Account No. 734420711		xx/xxxx Medical Collections				
Northwest Financial Services PO Box 285 Saint Joseph, MO 64502	W					257.00
Account No. xxxxxxxx		xx/xxxx Medical bills				
Northwest Health Services 2303 Village Dr Saint Joseph, MO 64506	J					470.00
Account No.		David R Schimtt 106 S 7th Street Ste 500 Saint Joseph, MO 64501				
Representing: Northwest Health Services						
Sheet no. 14 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,033.00

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Representing: Northwest Health Services		Northwest Financial Services PO Box 285 Saint Joseph, MO 64502				
Account No. 877548 NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507	J	Opened 2/01/05 Last Active 10/01/06 Medical Collection HEARTLAND HEALTH				1,370.00
Account No. Representing: NW FINANCIAL		Heartland Health 5325 Faraon St Saint Joseph, MO 64506				
Account No. 858699 NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507	J	Opened 12/01/04 Last Active 10/01/06 Medical Collection HEARTLAND HEALTH				762.00
Account No. Representing: NW FINANCIAL		Heartland Health 5325 Faraon St Saint Joseph, MO 64506				
Sheet no. 15 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						2,132.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 1007001	J	Opened 4/01/06 Last Active 10/01/06 Medical Collection HEARTLAND HEALTH				648.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507						
Account No.		Heartland Health 5325 Faraon St Saint Joseph, MO 64506				
Representing: NW FINANCIAL						
Account No. 1007353	J	Opened 4/01/06 Last Active 10/01/06 Medical Collection HEARTLAND HEALTH				646.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507						
Account No.		Heartland Health 5325 Faraon St Saint Joseph, MO 64506				
Representing: NW FINANCIAL						
Account No. 749099	J	Opened 1/01/04 Last Active 10/01/06 Medical Collection HEARTLAND HEALTH				645.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507						
Sheet no. <u>16</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,939.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.		Heartland Health 5325 Faraon St Saint Joseph, MO 64506				
Representing: NW FINANCIAL						
Account No. 756235	J	Opened 2/01/04 Last Active 10/01/06 Medical Collection HEARTLAND HEALTH				634.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507						
Account No.		Heartland Health 5325 Faraon St Saint Joseph, MO 64506				
Representing: NW FINANCIAL						
Account No. 974498	J	Opened 1/01/06 Last Active 3/01/07 Medical Collection HEARTLAND HEALTH				511.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507						
Account No.		Heartland Health 5325 Faraon St Saint Joseph, MO 64506				
Representing: NW FINANCIAL						
Sheet no. 17 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,145.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1037925		W	Opened 7/01/06 Last Active 11/01/06 Medical Collection NORTHWEST HEALTH SERVICE				479.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507							
Account No.			Northwest Health Services Inc PO Box 8612 Saint Joseph, MO 64508-8612				
Representing: NW FINANCIAL							
Account No. 1019062		J	Opened 5/01/06 Last Active 3/01/07 Medical Collection HEARTLAND WOMENS HEALTH				468.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507							
Account No.			Heartland Womens Health 2790 Clay Edwards Dr, Ste 530 North Kansas City, MO 64116-3266				
Representing: NW FINANCIAL							
Account No. 419718		J	Opened 10/01/00 Last Active 7/01/06 Medical Collection HEARTLAND HEALTH				465.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507							
Sheet no. <u>18</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			1,412.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Representing: NW FINANCIAL		Heartland Health 5325 Faraon St Saint Joseph, MO 64506				
Account No. 479535 NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507	J	Opened 4/01/01 Last Active 7/01/06 Medical Collection HEARTLAND HEALTH				430.00
Account No. Representing: NW FINANCIAL		Heartland Health 5325 Faraon St Saint Joseph, MO 64506				
Account No. 688494 NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507	J	Opened 5/01/03 Last Active 10/01/06 Medical Collection HEARTLAND HEALTH				397.00
Account No. Representing: NW FINANCIAL		Heartland Health 5325 Faraon St Saint Joseph, MO 64506				
Sheet no. 19 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						827.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 1018065	J		Opened 5/01/06 Last Active 10/01/06 Medical Collection LAKESIDE PEDIATRICS				367.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507							
Account No.			Lakeside Pediatrics 902 N Riverside Rd Saint Joseph, MO 64507				
Representing: NW FINANCIAL							
Account No. 1086271	J		Opened 12/01/06 Last Active 3/01/07 Medical Collection HEARTLAND HEALTH				339.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507							
Account No.			Heartland Health 5325 Faraon St Saint Joseph, MO 64506				
Representing: NW FINANCIAL							
Account No. 729729	J		Opened 11/01/03 Last Active 10/01/06 Medical Collection NORTHWEST MO EMERGENCY PHYS				323.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507							
Sheet no. <u>20</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			1,029.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Representing: NW FINANCIAL		Northwest MO Emergency Physicians PO Box 667 Saint Joseph, MO 64502				
Account No. 830182 NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507	J	Opened 9/01/04 Last Active 10/01/06 Medical Collection HEARTLAND HEALTH				291.00
Account No. Representing: NW FINANCIAL		Heartland Health 5325 Faraon St Saint Joseph, MO 64506				
Account No. 497226 NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507	J	Opened 7/01/01 Last Active 7/01/05 Medical Collection NORTHWEST HEALTH SERVICE				281.00
Account No. Representing: NW FINANCIAL		Northwest Health Services Inc PO Box 8612 Saint Joseph, MO 64508-8612				
Sheet no. 21 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						572.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 417367	J	Opened 9/01/00 Last Active 7/01/05 Medical Collection NORTHWEST MO EMERGENCY PHYS				249.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507						
Account No.		Northwest MO Emergency Physicians PO Box 667 Saint Joseph, MO 64502				
Representing: NW FINANCIAL						
Account No. 464950	J	Opened 2/01/01 Last Active 7/01/05 Medical Collection NORTHWEST MO EMERGENCY PHYS				243.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507						
Account No.		Northwest MO Emergency Physicians PO Box 667 Saint Joseph, MO 64502				
Representing: NW FINANCIAL						
Account No. 675907	J	Opened 4/01/03 Last Active 10/01/06 Medical Collections NORTHWEST MO EMERGENCY PHYS				230.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507						
Sheet no. 22 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			722.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Representing: NW FINANCIAL		Northwest MO Emergency Physicians PO Box 667 Saint Joseph, MO 64502				
Account No. 817841 NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507	J	Opened 8/01/04 Last Active 10/01/06 Medical Collection NORTHWEST MO EMERGENCY PHYS				209.00
Account No. Representing: NW FINANCIAL		Northwest MO Emergency Physicians PO Box 667 Saint Joseph, MO 64502				
Account No. 844238 NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507	J	Opened 11/01/04 Last Active 10/01/06 Medical Collection NORTHWEST MO EMERGENCY PHYS				205.00
Account No. Representing: NW FINANCIAL		Northwest MO Emergency Physicians PO Box 667 Saint Joseph, MO 64502				
Sheet no. 23 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						414.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 855790	J	Opened 12/01/04 Last Active 10/01/06 Medical Collection RADIOLOGY SPECIALISTS OF ST				125.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507						
Account No.		Radiology Specialists of St Joseph PO Box 6456 Saint Joseph, MO 64506				
Representing: NW FINANCIAL						
Account No. 1007002	J	Opened 4/01/06 Last Active 10/01/06 Medical Collection HEARTLAND HEALTH				111.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507						
Account No.		Heartland Health 5325 Faraon St Saint Joseph, MO 64506				
Representing: NW FINANCIAL						
Account No. 1013724	J	Opened 4/01/06 Last Active 10/01/06 Medical Collection HEARTLAND ANESTHESIA				72.00
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507						
Sheet no. <u>24</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						308.00
Subtotal (Total of this page)						308.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Representing: NW FINANCIAL						
		Heartland Anesthesia 5325 Faraon St Saint Joseph, MO 64506				
Account No. 1084798						
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507		J				62.00
Account No.						
Representing: NW FINANCIAL						
		Radiology Specialists of St Joseph PO Box 6456 Saint Joseph, MO 64506				
Account No. 1050727						
NW FINANCIAL 5514 CORPORATE DRI SUITE 140 SAINT JOSEPH, MO 64507		H				52.00
Account No.						
Representing: NW FINANCIAL						
		Radiology Specialists of St Joseph PO Box 6456 Saint Joseph, MO 64506				
Sheet no. 25 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						114.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 135551	H	Opened 12/09/03 Medical Collection ALLIANCE RADIOLOGY - SHAWNEE M					34.00
OPTIMA RECOVERY SERVIC 6215 KINGSTON PK STE A KNOXVILLE, TN 37919							
Account No.		Alliance Radiology PC PO Box 804451 Kansas City, MO 64180					
Representing: OPTIMA RECOVERY SERVIC							
Account No. 3092492	H	Opened 9/01/02 Last Active 3/01/05 Medical Collection ST FRANCIS HOSP					748.00
OSI COLLECT 1375 E WOODFIELD #110 SCHAUMBURG, IL 60173							
Account No.		St Francis Hospital 2016 S Main Maryville, MO 64468					
Representing: OSI COLLECT							
Account No. 959808782410002	W	Opened 2/20/02 Student Loan					2,623.00
Sallie Mae PO Box 9500 Wilkes Barre, PA 18773							
Sheet no. 26 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			3,405.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Representing: Sallie Mae		Dept of Education Office Post Sec Ed Reg IX 50 United Nations Plaza RM 242 San Francisco, CA 94102-4987					
Account No. Representing: Sallie Mae		Dept of Education ACS Direct Student Loans 501 Bleecker St East Utica, NY 13501					
Account No. Representing: Sallie Mae		Dept of Education OGC Div of Post Secondary Education 400 Maryland Ave SW RM 6E118 Washington, DC 20202-2110					
Account No. Representing: Sallie Mae		Sallie Mae Attn BR Litigation Unit E3149 PO Box 6180 Indianapolis, IN 46206					
Account No. Representing: Sallie Mae		US Attorney MO Room 5510 US Courthouse 400 East 9th St Kansas City, MO 64106					
Sheet no. <u>27</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 0.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Representing: Sallie Mae		USB Trustee for BHEA Inc % Sallie Mae Inc 220 Lasley Ave Wilkes Barre, PA 18706				
Account No. 959808782410001 Sallie Mae PO Box 9500 Wilkes Barre, PA 18773	W	Opened 2/20/02 Student Loan				1,916.00
Account No. Representing: Sallie Mae		Sallie Mae Attn BR Litigation Unit E3149 PO Box 6180 Indianapolis, IN 46206				
Account No. Representing: Sallie Mae		USB Trustee for BHEA Inc % Sallie Mae Inc 220 Lasley Ave Wilkes Barre, PA 18706				
Account No. 959808782410003 Sallie Mae PO Box 9500 Wilkes Barre, PA 18773	W	Opened 8/12/02 Student Loan				848.00
Sheet no. 28 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,764.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Sallie Mae Attn BR Litigation Unit E3149 PO Box 6180 Indianapolis, IN 46206				
Representing: Sallie Mae						
Account No.		USB Trustee for BHEA Inc % Sallie Mae Inc 220 Lasley Ave Wilkes Barre, PA 18706				
Representing: Sallie Mae						
Account No. 5121071872922673	W	Opened 8/01/96 Last Active 2/03/00 CreditCard				0.00
SEARS/CBSD PO BOX 6189 SIOUX FALLS, SD 57117						
Account No. 11415416	H	Opened 5/01/05 Last Active 6/01/06 Collection T MOBILE				479.00
SUPERIOR MGT PO BOX 4339 FORT WALTON BE, FL 32549						
Account No.		T Mobile USA Inc Bankruptcy Dept PO Box 53410 Bellevue, WA 98015				
Representing: SUPERIOR MGT						
Sheet no. 29 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			479.00

Official Form 6F (10/06) - Cont.

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 704-005-6180072-0001 Toyota Motor Credit Corp PO Box 2730 Mail Stop WF22 Torrance, CA 90509		J	xx/xxxx Repossession Deficiency				7,411.00
Account No. 36078007154500001 VERIZON WIRELESS 1515 WOODFIELD RD STE140 SCHAUMBURG, IL 60173		W	Opened 2/01/05 Last Active 8/07/06 Cell Phone Service				1,293.00
Account No. 111701514401 World Finance 3009 South Belt Hwy Saint Joseph, MO 64503		H	12/15/2006 Unsecured Loan				1,553.00
Account No. 111701503401 World Finance 3009 South Belt Hwy Saint Joseph, MO 64503		W	12/07/2006 Unsecured Loan				1,440.00
Account No.							
Sheet no. 30 of 30 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							11,697.00
Subtotal (Total of this page)							
Total (Report on Summary of Schedules)							99,715.00

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

**Toyota Motor Credit Corp
PO Box 2730 Mail Stop WF22
Torrance, CA 90509**

Vehicle Lease (Reject)

In re **Bradley Aaron Lundy,
Shiloh Marie Lundy**

Case No. _____

Debtors

SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Caroline A Stewart PO Box 503 Elwood, KS 66024	Midwestern Health Management Inc dba Northwest Financial Services PO Box 285 Saint Joseph, MO 64502

0 continuation sheets attached to Schedule of Codebtors

In re **Bradley Aaron Lundy**
Shiloh Marie Lundy

Debtor(s)

Case No. _____

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
Married	RELATIONSHIP(S): Son Son Daughter	AGE(S): 17 months 7 months 7 years
Employment:	DEBTOR	SPOUSE
Occupation	Laborer	Teller
Name of Employer	Idker Inc	North American Savings Bank
How long employed	since 4/25/2007	since 2001
Address of Employer	St Joseph, MO	920 N Belt Hwy Saint Joseph, MO 64506

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

2. Estimate monthly overtime

3. SUBTOTAL

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify) **See Detailed Income Attachment**

5. SUBTOTAL OF PAYROLL DEDUCTIONS

6. TOTAL NET MONTHLY TAKE HOME PAY

7. Regular income from operation of business or profession or farm (Attach detailed statement)

8. Income from real property

9. Interest and dividends

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

11. Social security or government assistance

(Specify): _____

12. Pension or retirement income

13. Other monthly income

(Specify): _____

14. SUBTOTAL OF LINES 7 THROUGH 13

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

Debtor1 estimates income, just started 4/25/2007.

DEBTOR	SPOUSE
\$ <u>2,236.00</u>	\$ <u>1,816.60</u>
\$ <u>0.00</u>	\$ <u>195.32</u>
\$ <u>2,236.00</u>	\$ <u>2,011.92</u>
\$ <u>335.40</u>	\$ <u>300.18</u>
\$ <u>0.00</u>	\$ <u>248.42</u>
\$ <u>34.67</u>	\$ <u>0.00</u>
\$ <u>117.00</u>	\$ <u>73.76</u>
\$ <u>487.07</u>	\$ <u>622.36</u>
\$ <u>1,748.93</u>	\$ <u>1,389.56</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>250.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>250.00</u>
\$ <u>1,748.93</u>	\$ <u>1,639.56</u>
\$ <u>3,388.49</u>	

In re Bradley Aaron Lundy
Shiloh Marie Lundy Debtor(s) Case No. _____

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Detailed Income Attachment

Other Payroll Deductions:

<u>Child Support</u>	\$ <u>117.00</u>	\$ <u>0.00</u>
<u>AFLAC</u>	\$ <u>0.00</u>	\$ <u>49.60</u>
<u>Term Life Ins</u>	\$ <u>0.00</u>	\$ <u>0.98</u>
<u>Dental Ins</u>	\$ <u>0.00</u>	\$ <u>19.54</u>
<u>Term Life Other</u>	\$ <u>0.00</u>	\$ <u>3.64</u>
<u>Total Other Payroll Deductions</u>	\$ <u>117.00</u>	\$ <u>73.76</u>

In re **Bradley Aaron Lundy**
Shiloh Marie Lundy

Case No. _____

Debtor(s) _____

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	307.00
a. Are real estate taxes included? Yes _____ No <u>X</u>		
b. Is property insurance included? Yes _____ No <u>X</u>		
2. Utilities:		
a. Electricity and heating fuel	\$	120.00
b. Water and sewer	\$	35.00
c. Telephone	\$	50.00
d. Other <u>See Detailed Expense Attachment</u>	\$	65.00
3. Home maintenance (repairs and upkeep)	\$	150.00
4. Food	\$	700.00
5. Clothing	\$	100.00
6. Laundry and dry cleaning	\$	35.00
7. Medical and dental expenses	\$	30.00
8. Transportation (not including car payments)	\$	460.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	100.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	44.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	188.00
e. Other _____	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) <u>See Detailed Expense Attachment</u>	\$	100.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	0.00
b. Other <u>2nd Mortgage</u>	\$	125.00
c. Other _____	\$	0.00
d. Other _____	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other <u>See Detailed Expense Attachment</u>	\$	205.00

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$	2,814.00
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19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	3,388.49
b. Average monthly expenses from Line 18 above	\$	2,814.00
c. Monthly net income (a. minus b.)	\$	574.49

Official Form 6J (10/06)

In re **Bradley Aaron Lundy**
Shiloh Marie Lundy

Debtor(s)

Case No. _____

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Detailed Expense Attachment

Other Utility Expenditures:

Cable TV	\$	50.00
Trash	\$	15.00
Total Other Utility Expenditures	\$	65.00

Specific Tax Expenditures:

Personal Property Tax/ Tags	\$	50.00
Real Estate Taxes	\$	50.00
Total Tax Expenditures	\$	100.00

Other Expenditures:

Pet Expenses	\$	100.00
Birthdays/Gifts	\$	30.00
Pertsonal Care/ Hygiene Items	\$	75.00
Total Other Expenditures	\$	205.00

**United States Bankruptcy Court
Western District of Missouri**

In re **Bradley Aaron Lundy
Shiloh Marie Lundy**

Debtor(s)

Case No.
Chapter

13

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 51 sheets *[total shown on summary page plus 2]*, and that they are true and correct to the best of my knowledge, information, and belief.

Date May 9, 2007

Signature /s/ Bradley Aaron Lundy
Bradley Aaron Lundy
Debtor

Date May 9, 2007

Signature /s/ Shiloh Marie Lundy
Shiloh Marie Lundy
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

Official Form 7
(04/07)

**United States Bankruptcy Court
Western District of Missouri**

In re **Bradley Aaron Lundy
Shiloh Marie Lundy**

Debtor(s)

Case No.
Chapter

13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$4,559.00	Debtor1, Employment 2007- Buildex
\$12,518.00	Debtor1, Employment 2006- Farris Truck Stop, Atchison Casting Corp, Payless Concrete, Triumph Foods, ConAgra Intl Fertilizer Co, Manns Lawn & Landscaping
\$11,650.00	Debtor1, Employment 2005- Farris Truck Stop LLC, American Walnut, Randy Reed Chevrolet
\$8,058.00	Debtor2, Employment 2007 YTD- North American Savings Bank
\$16,189.00	Debtor2, Employment 2006- North American Savings Bank
\$18,316.00	Debtor2, Employment 2005- North American Savings Bank

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

3. Payments to creditors

None ☒ *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Capital One Bank vs Shiloh M Mace 07BU-CV00462	AC Breach of Contract	Buchanan County MO Div 1	Hearing pending
Midwestern Health Management Inc dba Northwest Financial Servcs vs Bradley A & Shiloh M Lundy 07BU-CV00649	AC Petition on Account	Buchanan County MO Div 5	Hearing pending

CAPTION OF SUIT AND CASE NUMBER Midwestern Health Management Inc dba Northwest Financial Servcs vs Bradley A & Shiloh M Lundy 07BU-CV00567	NATURE OF PROCEEDING AC Suit on Account	COURT OR AGENCY AND LOCATION Buchanan County, MO, Div 6	STATUS OR DISPOSITION hearing pending
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None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER Toyota Motor Credit Corp PO Box 2730 Mail Stop WF22 Torrance, CA 90509	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN December 2006	DESCRIPTION AND VALUE OF PROPERTY Repossession Deficiency
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6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
Garage @ 724 Harmon St, St Joseph MO 64504 value \$1,400.00; paid deductible \$500.00	Damaged by vehicle accident Insurance claim \$900.00	8/2006

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Costello, Davey & Fera, LLC 7211 NW 83rd Street, Suite 220 Kansas City, MO 64152	3/02/2007, \$200.00 3/13/2007, \$1,026.00	\$1,226.00
CCCS of the Midwest, Inc 4500 East Broad Street Columbus, OH 43213	4/26/2007	\$75.00

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None ☒ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME
Caroline A Stewart

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within **six years** immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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20. Inventories

None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21 . Current Partners, Officers, Directors and Shareholders

None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22 . Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date May 9, 2007

Signature /s/ Bradley Aaron Lundy
Bradley Aaron Lundy
Debtor

Date May 9, 2007

Signature /s/ Shiloh Marie Lundy
Shiloh Marie Lundy
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF MISSOURI

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

G Addam Fera MO 51272

Printed Name of Attorney

Address:

7211 NW 83rd Street, Suite 220

Kansas City, MO 64152

816-505-4357

X **/s/ G Addam Fera MO**

Signature of Attorney

May 9, 2007

Date

Certificate of Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Bradley Aaron Lundy

Shiloh Marie Lundy

Printed Name of Debtor

X **/s/ Bradley Aaron Lundy**

Signature of Debtor

May 9, 2007

Date

Case No. (if known) _____

X **/s/ Shiloh Marie Lundy**

Signature of Joint Debtor (if any)

May 9, 2007

Date

Form 22C (Chapter 13) (04/07)

Bradley Aaron LundyIn re **Shiloh Marie Lundy**

Debtor(s)

Case Number: _____

(If known)

According to the calculations required by this statement:

- ☒ The applicable commitment period is 3 years.
☐ The applicable commitment period is 5 years.
☐ Disposable income is determined under § 1325(b)(3).
☒ Disposable income is not determined under § 1325(b)(3).
 (Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME

1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input checked="" type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10. All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.				Column A Debtor's Income	Column B Spouse's Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.				\$ 1,526.41	\$ 1,783.62
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.					
		Debtor	Spouse			
	a.	Gross receipts	\$ 0.00	\$ 0.00		
	b.	Ordinary and necessary business expenses	\$ 0.00	\$ 0.00		
	c.	Business income	Subtract Line b from Line a		\$ 0.00	\$ 0.00
4	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.					
		Debtor	Spouse			
	a.	Gross receipts	\$ 0.00	\$ 0.00		
	b.	Ordinary and necessary operating expenses	\$ 0.00	\$ 0.00		
	c.	Rent and other real property income	Subtract Line b from Line a		\$ 0.00	\$ 0.00
5	Interest, dividends, and royalties.				\$ 0.00	\$ 0.00
6	Pension and retirement income.				\$ 0.00	\$ 0.00
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child or spousal support. Do not include amounts paid by the debtor's spouse.				\$ 0.00	\$ 0.00
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:					
	Unemployment compensation claimed to be a benefit under the Social Security Act		Debtor \$ 0.00	Spouse \$ 0.00	\$ 0.00	\$ 0.00
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.					
		Debtor	Spouse			
	a.		\$	\$		
	b.		\$	\$	\$ 0.00	\$ 0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).				\$ 1,526.41	\$ 1,783.62
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.				\$ 3,310.03	

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

12	Enter the amount from Line 11	\$ 3,310.03
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. Otherwise, enter zero.	\$ 0.00
14	Subtract Line 13 from Line 12 and enter the result.	\$ 3,310.03
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$ 39,720.36
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>MO</u> b. Enter debtor's household size: <u>5</u>	\$ 72,809.00
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. <input type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.	

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

18	Enter the amount from Line 11.	\$ 3,310.03
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. If you are unmarried or married and filing jointly with your spouse, enter zero.	\$ 0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$ 3,310.03
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$ 39,720.36
22	Applicable median family income. Enter the amount from Line 16.	\$ 72,809.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. <input checked="" type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.	

Part VII. VERIFICATION

60	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.) Date: <u>May 9, 2007</u> Signature: <u>/s/ Bradley Aaron Lundy</u> Bradley Aaron Lundy (Debtor) Date: <u>May 9, 2007</u> Signature: <u>/s/ Shiloh Marie Lundy</u> Shiloh Marie Lundy (Joint Debtor, if any)	
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Current Monthly Income Details for the Debtor**Debtor Income Details:**Income for the Period **11/01/2006** to **04/30/2007**.**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Buildex**

Income by Month:

6 Months Ago:	<u>11/2006</u>	<u>\$0.00</u>
5 Months Ago:	<u>12/2006</u>	<u>\$0.00</u>
4 Months Ago:	<u>01/2007</u>	<u>\$248.88</u>
3 Months Ago:	<u>02/2007</u>	<u>\$2,674.33</u>
2 Months Ago:	<u>03/2007</u>	<u>\$1,636.12</u>
Last Month:	<u>04/2007</u>	<u>\$0.00</u>
	Average per month:	<u>\$759.89</u>

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissionsSource of Income: **Manns Lawn & Landscape**

Income by Month:

6 Months Ago:	<u>11/2006</u>	<u>\$0.00</u>
5 Months Ago:	<u>12/2006</u>	<u>\$169.15</u>
4 Months Ago:	<u>01/2007</u>	<u>\$0.00</u>
3 Months Ago:	<u>02/2007</u>	<u>\$0.00</u>
2 Months Ago:	<u>03/2007</u>	<u>\$0.00</u>
Last Month:	<u>04/2007</u>	<u>\$0.00</u>
	Average per month:	<u>\$28.19</u>

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissionsSource of Income: **Payless Concrete**

Income by Month:

6 Months Ago:	<u>11/2006</u>	<u>\$2,215.00</u>
5 Months Ago:	<u>12/2006</u>	<u>\$2,215.00</u>
4 Months Ago:	<u>01/2007</u>	<u>\$0.00</u>
3 Months Ago:	<u>02/2007</u>	<u>\$0.00</u>
2 Months Ago:	<u>03/2007</u>	<u>\$0.00</u>
Last Month:	<u>04/2007</u>	<u>\$0.00</u>
	Average per month:	<u>\$738.33</u>

Current Monthly Income Details for the Debtor's Spouse**Spouse Income Details:**Income for the Period **11/01/2006** to **04/30/2007**.**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **North American Savings Bank**

Income by Month:

6 Months Ago:	<u>11/2006</u>	<u>\$80.00</u>
5 Months Ago:	<u>12/2006</u>	<u>\$2,519.16</u>
4 Months Ago:	<u>01/2007</u>	<u>\$2,003.91</u>
3 Months Ago:	<u>02/2007</u>	<u>\$2,059.54</u>
2 Months Ago:	<u>03/2007</u>	<u>\$1,972.35</u>
Last Month:	<u>04/2007</u>	<u>\$2,066.73</u>
	Average per month:	<u>\$1,783.62</u>